

# Zero Tolerance to Child Pregnancy

Recently, The Daily Star and The White Ribbon Alliance organised a roundtable on "Zero Tolerance to Child Pregnancy". Here we publish a summary of the discussions.



**Dr. Farhana Ahmad, National Coordinator, The White Ribbon Alliance Bangladesh**

According to BDHS 2014 findings on maternal health, 31 percent of adolescents in the country between the ages of 15-19 years were pregnant. Sixty-two percent of all births are delivered at home. Delivery by skilled birth attendants is 42 percent. Median age for marriage of girls is 15.8 years. Sixty-six percent of Bangladeshi women give birth before the age of 18, according to UNFPA. From 2005 to 2013, 29 percent of girls in Bangladesh married before they turned 15 and 65 percent married before they turned 18, states UNICEF. It also says that Bangladesh has the second-highest rate of child marriage in the world.

If we look at the causes of child marriage, we will find harassment, intimidation, threats, including the threat of kidnapping, play a major role in driving child marriage. Parents, feeling helpless to protect their daughters and with no prospect of help from police or local authorities, see marriage as the only solution. Families are also influenced by social pressures from neighbours in communities where the onset of puberty in a girl is seen as a signal that it is time to get her married off. The widespread practice of girls' families paying dowry to her groom creates additional pressure, as dowry tends to be lower and even avoidable for the youngest of brides. Marrying off young daughters will be a survival strategy for parents who feel unable to care for their children and who fear the consequences of strong social stigma.

Marrying before 18 has severe consequences for the health, education, and future prosperity of girls and their communities. The health risks of pregnancy and childbirth drop significantly after a girl turns 18. Complications in pregnancy and childbirth are among the leading causes of death in girls aged 15-19 in low- and middle-income countries.

Girls who are already married make up ninety percent of adolescent pregnancies in the developing world. Where girls survive childbirth, they are at increased risk of post pregnancy-related complications. Sixty-five percent of all cases of obstetric fistula occur in girls under the age of 18. At approximately 18 years, pelvic growth is complete for girls. Immature maternal pelvic size contributes to infant morbidity and mortality, leaving infants born to adolescent mothers more vulnerable.

Girls who marry young usually drop out of school. They do not receive the educational and economic opportunities that help lift them and their communities out of poverty. Child marriage has major implications for a country's economy. A study by UNICEF in Nepal found that the economic cost of just the loss of schooling due to child marriage was 3.87 percent of GDP. Marrying a girl off as a child does not ensure her safety; it exposes her to violence and risk.

Child marriage puts girls at risk of sexual, physical and psychological violence throughout their lives. Girls who marry as children are more likely to be beaten or threatened by their husbands than girls who marry later. Girls who marry as children are also more likely to describe their first sexual experience as forced. As minors, child brides are rarely able to assert their wishes to their husbands or their in-laws. They are more likely to believe that a man is sometimes justified in beating his wife than women who marry later.

At a seminar on Child Marriage and Violence against Women, organised by Inter Parliamentary Union last year, there was a resolve by the participating Parliaments to prioritise child marriage, which presents a window of opportunity to address this issue.

As civil society groups are already actively engaged through different platforms or their own programmes, there is opportunity for further engagement to add momentum.

Bangladesh is a signatory to the UN Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages, and has established a legal minimum age for marriage. The Government of Bangladesh expressed its high-level political commitment to end child marriage. Unless child marriage becomes an ongoing priority for all parts of the government and is backed up by effective legislation, policies, and programmes, it will not achieve its goal.

In selecting this issue and subsequent activities, some of the gaps identified were that not all health workers are equipped to manage pregnant adolescents; services for pregnant adolescents are fragmented; and it requires multi-sectoral action to fight against child marriage.

Keeping these findings in mind, we have initiated the advocacy project titled "Zero Tolerance to Child Pregnancy in Bangladesh". Our goal for the budget advocacy is to increase budgetary allocation of the MOH to support a programme which will facilitate the prevention of child pregnancy. Our first objective was to have the government accept the programme in principle by December 2015, which we have done successfully. Our second objective is to mobilise TK. 555 crore budget over

## PARTICIPANTS

 <b>Farhana Ahmad</b>	 <b>Malay Kanti Mridha</b>	 <b>Tarik Hasan</b>	 <b>Taufiq Ahmed</b>
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three years from GoB and development partners. With the seed money from WHO, we have been conducting budget advocacy activities such as budget stock taking exercise, preparation of position papers on addressing child pregnancy, engagement of media, consultation of stakeholders, engagement of MOH and technical assistance as input to budget documents.

We have two particular strategies to achieve our goal. The first one is related to health, which includes capacity building of health workforce at the rural areas and establishment of one-stop centres for pregnant adolescents in upazilas. The one-stop centres will provide services like antenatal care, delivery, post-natal care, counselling at all stages, post-partum family planning advice and will also provide the needed medications. Our second strategy is social and multi-sectoral. It will include multi-sectoral talks to improve marriage and birth registration, advocacy programmes directed to key stakeholders and targeted population and media advocacy. The multi-sectoral dialogue programmes aim to create regular interactions between relevant government offices.

It has been a long felt need that our birth and marriage registration system should be improved so that falsification of age can be prevented. In the media advocacy part, our efforts will be directed towards creating awareness around child marriage and enabling members of the media to work together to combat child marriage.

**Dr. Malay Kanti Mridha, Research Associate of Public Health Sciences Division, icddr,b**

Here I will present the findings of a study carried out to identify evidence for increasing budgetary allocation of the MOHFW and other relevant ministries to support a programme which will facilitate the prevention of child pregnancy and reduce teenage girls' marriage. Over the years, the number of child marriage has been decreasing in Bangladesh. According to BDHS 2014, 59 percent of women aged 20-24 were married by the age of 18 while it was 73 percent according to 1993-94. In Bangladesh, the tipping point of early marriage is 13 years; that means most of the early marriages are happening at this age. Fifty-eight percent of the married girls are giving birth before they turn 19. And 80 percent of adolescent married girls do not contact or consult any family planning workers.

Against this dismal reality, our budget allocation for

prevention of child pregnancy is not adequate. The total amount of budget for FY 2016-17 in this regard is Tk. 5,541 million, which is 0.03 percent of our total GDP. Our per capita budget allocation for prevention of child pregnancy has increased to Tk. 139 in 2016-17 from 120 in 2014-15.

If we want to achieve SDG 3, we need to prevent child pregnancy and invest more in this sector. Prevention of child marriage is closely related with this goal. In 2014, the Honorable Prime Minister of Bangladesh Sheikh Hasina pledged to end marriage of children under age 15 by 2021 and under 18 by 2041.

From our study, I want to put forward some recommendations for preventing child marriage in Bangladesh. It is found that secondary or higher education is the strongest factor associated with lower rates of child marriage. That's why promoting education should be at the top of the priority list. Besides providing education, we need to create economic opportunities for girls because a girl's ability to earn provides options for the girl and her family to delay marriage. We also need to focus on changing social norms of early marriage. We have to increase social action, acceptance and visibility around investing in and supporting girls and generating shifts in social expectations relating to girls. We should evaluate our existing programmes and ensure interventions in the hot spots of child marriage. Regarding the prevention of child pregnancy, we need to address the needs married girls and delay pregnancy by providing them appropriate family planning methods. Our legal and policy framework needs to be strengthened for creating an enabling environment that protects the rights of adolescent girls. Finally, we need to increase resources for services/activities towards prevention of child pregnancy in general, and especially for teenage girls under 18 who are at the risk of marriage and/or are affected by child marriage.

**Tarik Hasan, Journalist, The Daily Sun**

Our media sensitisation programmes are mainly limited to Dhaka-based journalists. But the problem of child marriage is severe in rural areas. That's why we need to reach local journalists and sensitise them about the negative consequences of child marriage. Local press clubs can be of great help in this regard.

Every year, our health budget is decreasing in terms of percentage. While the WHO guideline requires per capita

investment of \$ 55 for health we spend only \$ 27. There is no alternative to increasing the health budget.

**Taufiq Ahmed, Journalist, Probaho Health Portal**  
Religious leaders should be involved in the campaign against child marriage.

**Dr. Ikhtiar Uddin Khandaker, Head of Health Programme of Plan International Bangladesh**  
It is not possible for the government alone to stop teenage pregnancy. All stakeholders need to act from their respective positions to stop it. Local governments can allocate some fund from their budget to stop child marriage. We also need massive campaigns to popularise the use of emergency contraceptive pills to stop unwanted pregnancy.

**Toslim Uddin Khan, General Manager, Social Marketing Company**  
I want to focus on the unmet need of family planning. In Bangladesh, it is high among women aged between 15 to 49. Twenty-five percent of the total pregnancies are unwanted ones. Only 14 percent know about emergency contraceptive pills. Without addressing this gap, we would not be able to reduce unwanted pregnancy. To reach these women, we need concerted efforts from all stakeholders.

**Dr. Samina Chowdhury, Gynaecologist, Central Hospital**  
In every village, a committee needs to be formed to stop child marriage. If they work properly and take strong stance against child marriage, we would be able to eradicate this menace.

**Dr. Rupa Zaman, Health Expert Consultant, ADB**  
We usually talk to mothers, but they have little say in family matters. That's why we need to focus on fathers and sensitise them about the ill consequences of child marriage. Through different projects, we took initiatives in this regard and found impressive results. Recently, Meherpur district has been declared as a child marriage free district. I think this success reflects our initiative to involve fathers in our campaigns.

In our country, there is a law for the prevention of child marriage, which needs to be strictly implemented. Today, the age of the bride is the first concern during the registration of a marriage. But in many cases, it has been found that family members of the girl forge the certificate. We need to stop this malpractice.

**Farid Ahmed, Editor, Doctors' Choice**  
We need to involve the Ministry of Information in our advocacy campaign. They have a large communication network and can reach the grassroots level. We can also do our advocacy programmes by involving the information communication units of DGFP and DGHS.

We have been providing training to religious leaders for many years. Now we need to find out the efficacy of this investment. I think we should focus more on mobilising local cultural organisations for this purpose.

**Professor Syeda Tasneem, Former Executive Director, Shishu and Ma Health Institute**  
We need to invest more in adolescent girls and initiate specific programmes to empower them so that a girl can decision about her marriage.

In our country sex, education is still a taboo. We have to change this mindset and make adolescents aware about sex related issues.

**Dr. Baizid Khorshid Riaz, National Institute of Preventive and Social Medicine**

We need to address the gaps in the marriage registration process. In many cases, marriage registrars are involved in forging birth certificates. We need to make them aware as well as take legal actions against the wrong doers. It is heartening to know that our civil registration system has improved a lot. Birth registration is an important component of this system. We need to further strengthen this system.

In different operational plans of the health sector, there is a close link with child marriage. If we can identify these links and ask for allocation of budget for eradicating child marriage, we would find more funds for this purpose.

**Dr. Shahnaz Chowdhury, Community Medicine, Bangladesh University of Health Sciences**

We need to focus on those people who are marrying child brides. In our area, I have found that migrant workers are mostly involved in child marriage. They come for short periods, marry an underage girl, and soon the girl gets pregnant. I think this reality also persist in other areas of the country. If we can't stop these marriages, we should at least do our advocacy campaign targeting these adolescent brides so that we can delay their pregnancy.